

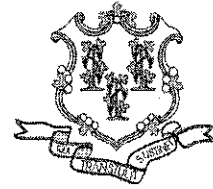


**STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES**

Public Hearing Testimony

Public Health Committee

March 18, 2015



S.B. NO. 1089 AN ACT CONCERNING MENTAL HEALTH SERVICES

The Department of Children and Families (DCF) **offers the following comments regarding S.B. No. 1089, An Act Concerning Mental Health Services.** Sections 8, 9, 14, 17 and 20 of the bill are of interest to DCF.

Section 8 would broaden the scope of the Access Mental Health program so that it will serve young adults up to age 25. Currently, the program offers free, timely consultative services for primary care physicians seeking assistance in providing behavioral health care to children and adolescents under the age of 19 years, irrespective of insurance. DCF executed a contract for the management of this program in December 2013 and three consultation hubs began implementation in June 2014. The Department would caution the Committee that statewide implementation of this program to serve an older population would have a significant fiscal impact, as it will greatly expand the number of primary care physicians beyond the current pool of pediatric practitioners. DMHAS has plans to implement a pilot program as part of the State Innovation Model and we believe that this pilot should go forward and be evaluated before statewide implementation is mandated.

Section 9 requires the Department of Mental Health and Addiction Services (DMHAS), in consultation with the Department of Children and Families (DCF) and the Department of Public Health (DPH), to publish information regarding behavioral health care. We are willing to participate with our sister agencies in the dissemination of such information.

Section 14 requires the Departments of Social Services (DSS), Children and Families and Mental Health and Addiction Services to develop and implement a program regarding the provision of behavioral health services. The proposed new statutory requirement may be unnecessary as

they appear to address issues that are already within the purview of the Connecticut Behavioral Health Partnership pursuant to sections 17a-22h through 17a-22p, inclusive, of the General Statutes.

Section 17 institutes new reporting requirements for DCF and DMHAS regarding behavioral health services. While much of the information to be required in this report is readily available, other elements may require a modification of current data programs. DCF is willing to work with proponents of this legislation to ascertain priority data that can be produced without an unnecessary additional fiscal impact.

Finally, section 20 requires DMHAS, in consultation with DCF and DSS, to study inpatient beds throughout the behavioral health system. While DCF is willing to participate in such a study, we are concerned that the language in this section seems to encourage recommendations regarding expansion of bed capacity which may not be necessary; nor are they consistent with many of the recommendations of the recently completed Connecticut Children's Behavioral Health Plan. This plan, which was submitted to the General Assembly on October 1, 2014, presents a comprehensive, integrated approach to promote well-being and meet the mental, emotional and behavioral health needs of all children in Connecticut. The plan fulfills the requirements of Public Act 13-178, which was passed by the Legislature in the wake of the Newtown tragedy.

The plan represents major changes for Connecticut's behavioral health system, including fundamentally reforming financing by pooling existing state agency funds. The plan also calls for greater coordination and enhancing the array of services and supports available to children and families across a full continuum of care (health promotion, prevention, intervention, treatment and follow-up). It recommends building a well-coordinated and integrated system with "no wrong door" for families, whether they enter through their day care, school, doctor, a state agency or a hospital.

The Connecticut Children's Behavioral Health Plan identifies seven areas of focus that will result in significant improvements to the children's behavioral health system, including: 1) system

organization, financing and accountability; 2) health promotion, prevention, and early identification; 3) access to a comprehensive array of services and supports; 4) pediatric primary care and behavioral health care integration; 5) addressing disparities in access to culturally appropriate care; 6) family and youth engagement; and 7) workforce development.

A set of goals and strategies to be implemented over the next five years are included for each of these areas. Highlights include:

- Enhance the ability of caregivers, providers and school personnel to promote healthy social and emotional development for children of all ages;
- Implement a statewide system of screening and early intervention and connection of children and youth to appropriate resources and services;
- Expand school-based behavioral health services, including school-based health clinics, behavioral health screening for students and training for school personnel;
- Integrate pediatric primary care and community based behavioral health services as well as provide training and support for pediatricians to address behavioral health concerns;
- Allocate funding to expand evidence-based behavioral health services for children to prevent and treat social/emotional disorders as early as possible;
- Create a "Care Management Entity" to coordinate care and improve outcomes and accountability
- Create a pooled financing system to "de-link" services from insurance status, system involvement and other factors, and provide children access to services based on needs;
- Develop a financing strategy to adequately resource a comprehensive array of behavioral health services and ensure those services are culturally and linguistically competent, and accessible in all communities;
- Convene a Children's Behavioral Health Implementation Team that will agree on a common set of behavioral health outcomes and track and regularly report on implementation progress and results.

The final plan can be found at <http://www.plan4children.org/final-plan/>